



PTO/SB/21 (02-04)

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(to be used for all correspondence after initial filing)

Application Number	10/791,520
Filing Date	03/02/04
First Named Inventor	KOSICH, Mark Michael
Art Unit	not yet assigned
Examiner Name	not yet assigned
Total Number of Pages in This Submission	2
Attorney Docket Number	3184/1

### ENCLOSURES (Check all that apply)

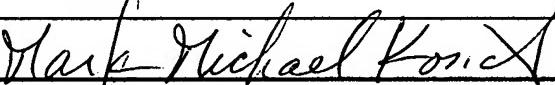
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Remarks</div>	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Mark Michael Kosich
Signature	
Date	May 11, 2004

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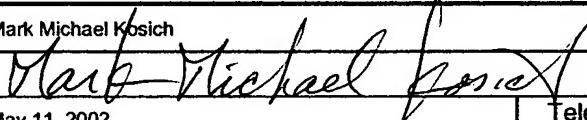
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**I hereby revoke all previous powers of attorney given in the above-identified application.** A Power of Attorney is submitted herewith.**OR** I hereby appoint the practitioners associated with the Customer Number:  Please change the correspondence address for the above-identified application to: The address associated with  
Customer Number: **OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Mark Michael Kosich				
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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Mark Michael Kosich				
Signature					
Date	May 11, 2002	Telephone	252-235-0333		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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